

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104643

FILED
Apr 22, 2008
Secretary of State

Entity Name: OUTDOOR LUBRICATION PRODUCTS, LLC

Current Principal Place of Business:

15250 CITRUS COUNTY DRIVE
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

15250 CITRUS COUNTY DRIVE
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 20-2847273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, STEVE
37421 SKYRIDGE CIR
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

THOMAS, STEVE
37421 SKY RIDGE CIR
DADE CITY, FL 33525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVEN THOMAS

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMAS, STEVEN A
Address: 37421 SKYRIDGE CIR
City-St-Zip: DADE CITY, FL 33525

Title: MGRM () Delete
Name: FIELDERS, DALE R
Address: PO BOX 2065
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: MGRM () Delete
Name: BLCICH, MARK JR
Address: 11312 ORANGE COURT
City-St-Zip: DADE CITY, FL 33525

Title: MGRM (X) Delete
Name: ANDRE, ZITA K
Address: 8515 BLIND PASS DRIVE
City-St-Zip: ST PETERSBURG, FL 33706

Title: MGRM (X) Delete
Name: BLEICH, MARK SR.
Address: 34935 PROSPECT ROD
City-St-Zip: DADE CITY, FL 33525

Title: MGRM (X) Delete
Name: COX, CHUCK E
Address: 4754 17TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOMAS, STEVEN A
Address: 37421 SKY RIDGE CIR
City-St-Zip: DADE CITY, FL 33525

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: THOMAS, TERESA M
Address: 37421 SKY RIDGE CIRCLE
City-St-Zip: DADE CITY, FL 33525

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TERESA THOMAS

MGRM

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date